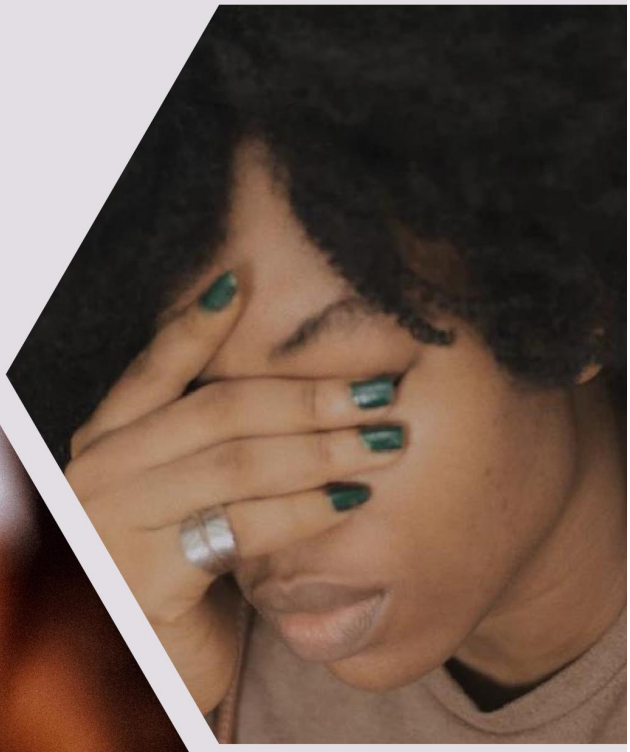
African Heritage Alliance

BMHM

BLACK MENTAL HEALTH AND ME



Black Mental Health Report for Leicester City Council

REPORT

OCTOBER 2023

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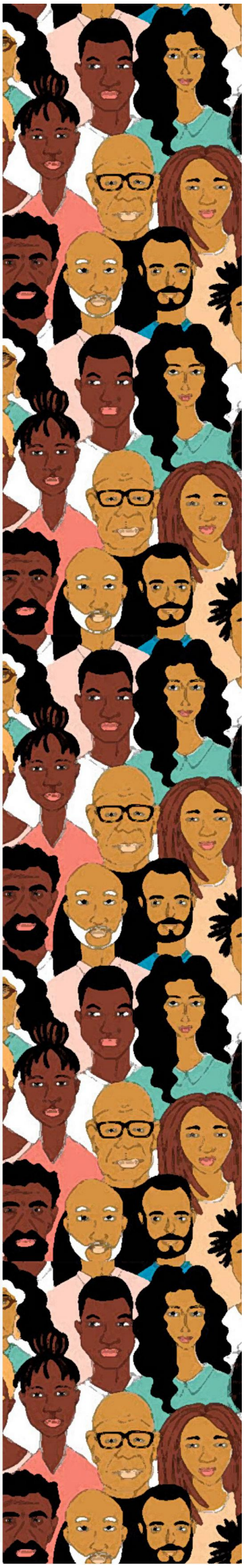
Leicester City Council

SUBJECT: REPORT ON THE BLACK MENTAL HEALTH AND ME RESEARCH PROJECT

OCTOBER 2023



African Heritage Alliance (AHA) Committee Members,

I am writing to provide you with a comprehensive report on the Black Mental Health and Me research project, as conducted by First Contact 2.0. The project aimed to explore key areas related to black mental health engagement process which, including communication, finances, and timelines. Below, I will highlight the key findings and outcomes of the project, both positive and negative.

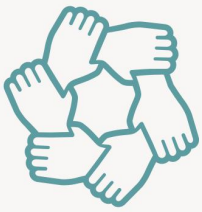
Key Areas Explored

a) Black Mental Health Awareness on engagement: The project successfully raised awareness about black mental health issues within the community and encouraged conversations surrounding mental well-being.

b) Community Engagement: Extensive community engagement initiatives were undertaken, including focus groups, questionnaire, and outreach events. These activities facilitated meaningful participation and gathered valuable insights.

c) Research Methodology: Rigorous research methodologies, including quantitative and qualitative approaches, were employed to gather comprehensive data and ensure the validity and reliability of the findings.

d) Partnerships: Collaborative partnerships were established with local mental black organizations, healthcare providers, and community leaders, enabling a multi-stakeholder approach to addressing black mental health concerns.



Positive Outcomes

a) Increased Awareness: The project successfully increased awareness about the unique mental health challenges faced by the black community, thereby reducing stigma and promoting mental well-being.

b) Empowerment: Through various workshops and educational programs, individuals were empowered with knowledge and tools to recognize and address mental health concerns effectively.

c) Community Support Networks: The project facilitated the development of support networks and resources within the community, ensuring individuals had access to culturally sensitive mental health services.

d) Policy Recommendations: Based on the research findings, the project provided evidence-based policy recommendations to address systemic issues and disparities in black mental health care.

Challenges and Areas for Improvement

a) Limited Funding: The project faced financial constraints, which limited the scale and scope of some activities. Additional funding opportunities should be explored to expand the project's impact.

b) Recruitment and Retention: Engaging participants for long-term programme proved challenging due to various factors, such as time constraints and distrust of research initiatives. Strategies for improving participant recruitment and retention should be considered in future projects.

c) Time Management: The project experienced delays in certain phases, mainly due to unforeseen circumstances and logistical challenges. Implementing robust project management techniques and contingency plans could mitigate such issues in future endeavours.

Communication

a) Stakeholder Engagement: Regular communication with stakeholders, including community members, organizational partners, and researchers, played a vital role in ensuring project success.

b) Dissemination of Findings: The project actively shared research findings through various mediums, such as community forums, academic publications, and online platforms, to maximize the impact and reach of the project.

Finances

a) Budget Allocation: A detailed budget wasn't developed at the project's outset, allocating funds to research activities, community engagement initiatives, staffing, and overhead costs.

b) Financial Accountability: Financial records were maintained meticulously, adhering to organizational policies and guidelines.

Timelines

a) Project Phases: The project was divided into distinct phases 1 & 2, each with predefined timelines and deliverables.

b) Milestone Achievements: Milestones were achieved within the projected timelines, ensuring the project progressed smoothly. However, certain unforeseen circumstances caused delays in specific stages to extended.

In conclusion, the Black Mental Health and Me research project has made significant strides in addressing black mental health concerns within the community. The project successfully raised awareness, fostered community engagement, and provided evidence-based recommendations for policy improvements. While facing challenges related to funding, recruitment, and time management, the project has learned valuable lessons that can guide future initiatives.

We express our gratitude to AHA for their support throughout the project, and we remain committed to furthering our efforts to improve black mental health outcomes. We welcome any feedback, recommendations, or questions you may have concerned the report or the project.

Thank you for your attention and continued collaboration.

BRIAN SIMMONDS

First Contact 2.0

Table Of Content

Table Of Content

Acknowledgment

We would like to express our sincere appreciation to the management of AHA (African Heritage Alliance), particularly Amanda Toussaint and Chizor Onwuegbute, the AHA Health Stream lead, for their invaluable contributions to this project commissioned by the Leicester City Council. A special note of gratitude goes to Brian Simmonds from the Black Mental Health & Me team for his exceptional conceptualization and leadership throughout the project. We would also like to extend our thanks to Jenaitre Farquharson, Anthony Francis, and Selena Kabengele for their dedicated efforts in participant recruitment, as well as their support during the focus groups and outreach program. Furthermore, we are immensely grateful for the vital research support provided by Dr. Sainabou Taal and Dr. John Asu, whose contributions played a crucial role in the success of the research project. We extend our deepest gratitude to all the remarkable community hub organisations: Tara Munroe of Opal22, Pawlet Brooke of Serendipity,Gerry Burke of Highfield Rangers FC, Marcia Brown of African Caribbean Centre and all participants who generously dedicated their time to engage in the focus groups; your insights and active participation were invaluable to the research project. Lastly, we would like to express our thanks to the Leicester Black community for their cooperation in completing the questionnaires and participation with the outreach programme which allowed us to gain further insights into this significant endeavour Leicester Black Mental Health & Me.

01 Executive Summary

1.1: The Problem

NHS England (2023) estimates that one in four adults experience mental illness and the Mental Health Foundation report that more than 4 million people have mental health problems which positions the issue of mental illness as central to a substantial number of people in England. The issue of how race/ethnicity plays into this is seen in the poor treatment Black mental health patients are said to have received when accessing services in England in general, and Leicester in this particular research project. For example, Black people are four times more likely to be detained under the Mental Health Act than their White counterparts and African Caribbean people are 3 to 5 times more likely than any other group to be diagnosed and admitted for more severe Mental health illness. Previous research has attributed these to racism, discrimination, and socio-economic factors (Mental Health Act Commission 2006; Keating 2007), in addition to a lack of understanding of their distinctive needs.

The Leicester City PCT (2008) has estimated that 60,000 people at any one time are affected by mental health issues and it also states that people from deprived areas are 1.7 times more likely to be registered with mental health. Other studies in Leicester have also identified a range of factors including having less equitable access to Community Mental Health Teams, over-representation of Black people in psychiatric inpatient facilities and underrepresentation in therapeutic approaches, as discriminatory undertones that impinge negatively on Black mental health patients' lives (Raghavan and Griffin 2014; Leicester City Council 2015).However, the report to the Scrutiny Commission on 'Mental Health Services for Black/Black British Young Men in Leicester' in 2015 and research by Raghavan and Griffin (2014) both decried the dearth of empirical data in relation to Black people and mental health in Leicester. This research project starts from the position that the "lived experiences" of Black people and their experiences of engagement with mental health services is often removed from mainstream narratives; it therefore seeks to redress this gap.
The research shows therefore that a bespoke approach to black metal health is essential in order to cater to the specific needs of those from the African heritage community. To this effect the African Heritage Alliance are making the following recommendations to enhance the service provision here in Leicester.

1.2: This research

This research project seeks to explore the lived experiences of Black people in Leicester around mental health; it departs from a phenomenological positionality solely preoccupied with how Black people have experienced mental health services in Leicester and their perception in relation to positive experiences, negative experiences, challenges, perception of effective inclusivity and diversity, as well as recommendations. Using a constructivist approach and an opportunity sampling, five focus groups made up of 31 Black people between the ages of 18- 63 were conducted based on the following categories: Women Focus Group, Men's Focus Group, Young People's Focus Group, Professional Focus Group, and Lived Experience Focus Group, which were manually analysed and presented under the following themes: positive and negative experiences of engagement with mental health services; challenges with mental health services; and effectiveness of handling issues of diversity and inclusion. This is then followed by recommendations.

1.3: Findings

The findings in this research gives the reader novel and critical insights into the lived experiences of Black people and their engagement in Leicester; it significantly contributes to new ways of understanding the Black mental health experience in Leicester in particular, and England in general. Across all the five focus groups composed of 31 individuals between the ages of 18- 63, about 30 percent of respondents recounted some element of positive experience with their GPs as first point of contact, especially in relation to being signposted to other relevant services or to access CBT (Cognitive behavioural therapy). However, the vast majority of respondents (about 70%) recounted having episodes of negative experiences ranging from inappropriate and culturally incompetent encounters with their GPs, to a perception of being constantly offered medication over therapy, having to engage with an already over-stretched mental health service that they are not able to access at the point of urgent need and often only available at "crisis point" or when things reach "richter scale". There were also narratives articulated by respondents that there appears to be disproportionate use of force in relation to Black people and mental health, and being sectioned or involving the Police.

Concerning challenges, it was constantly raised across all the focus groups that there were no services within the public and private sectors that adequately catered for the specific needs of Black people in Leicester. The late Pam Campbell and her sterling work with Akwaaba Ayeh (a Black led organisation that ran for 30 years and closed due to loss of funding) were consistently mentioned as an example of a great practice that responded to the genuine needs of Black people. The issue of racism, both at the individual and institutional levels, were painfully raised with a respondent giving two clear examples that led to fatalities. The lack of representation of Black people as professionals within the service, lack of cultural situatedness and understanding of Black people's constructed realities and a service that "don't understand us" was repeatedly raised. In relation to diversity and inclusivity, it was also raised that this needs significant improvement, not only in terms of staff representation but also in terms of food, entertainment, Christmas pantomimes, music choices, and the availability of cultural products in mental health facilities.

1.4: Implications and way forward

The strength of this research lies in its significant ability to contribute to a much greater understanding of the Black "lived experience" in relation to mental health services in England in general and Leicester in particular. It points to significant gaps in the provision of mental health services in relation to perceived racial discrimination both at the individual and institutional levels, lack of representation of Black staff within the services where they are over-represented, use of medication over therapy, disproportionate use of force and other associated defects in the engagement of Black people in the mental health services. The recommendations for the public, voluntary and private sectors will go a long way in redressing the imbalance towards a more culturally relevant and effective service for Black people in Leicester.

1.5: Recommendations

a) Prevention through tailored provision
The case and the research are clear, as it is with all health matters, prevention is better than cure. There is a need to ensure that those in the black community are supported to remain mentally healthy through a series of activities and offerings that are culturally appropriate and speak to the specific challenges faced. This could be achieved via utilising the Five Factors to Wellbeing; Connect with other people, be physically active, learn new skills, give to others, and pay attention to the present moment (mindfulness).

A program of workshops, events, outings, and learning experiences would be devised that speaks to the various audiences of women, men, LQPTQ+ community, young people and intergenerational groups. There would be provision touching each of the five factors and these would have a social, cultural, and therapeutic aspect to each.

b) Building the capability for those delivery mental health provision
From those participating in the research conducted as well as the findings nationally the perception of those in the black community after accessing mental health services is that the provision fell short of meeting their needs due to the lack of cultural competence of the professionals delivering the service(s). An education and training program for mental health professionals therefore is seen to be essential.

The program for professionals working in the mental health space would provide the awareness and skills for them to be able to better support those presenting mental health illness from the black community by highlighting the cultural aspects as well as how poor mental health may present itself within the black community, and by gender in the black community.
The minimum of a dedicated, annual training day for all those in mental health in Leicester should be mandated and a quarterly newsletter and/or updates provided.

c) Raising awareness of black mental health within Leicester
The awareness of black mental health in Leicester has multiple strands, firstly, within the black community itself, secondly within the mental health services in Leicester, and thirdly, within the institutions that govern health outcomes in Leicester and Leicestershire to ensure that they are serving the community effectively.

The African Heritage Alliance would play a significant role in liaising with mental health service providers to understand their offer and how to access this provision, sharing this critical information with those in the black community to enhance engagement. To this end we would use community radio talk shows, mailing lists and social media to reach this target audience, as well as bespoke events as necessary.

Institutions governing health in the city would need to ensure that there is a strategy, action plan and objectives in place that are seeking improvements in the mental health engagement and outcomes for the black community. The first being that there is indeed a specific need for those in the black community and it needs specific action(s). In addition, there must to be a focus on improvement, rather than over analysis of the issues, as the research here in Leicester and nationally aligns and the drive must be on, effective, culturally appropriate provision. This report, therefore, should be a reference point for all those working in mental health in the city and the recommendations embedded into practice.

d) Black Mental Health Engagement Lead

What gets measured, gets done! Black mental health needs specific focus, and to support this it is recommended that a new role of a Black Mental Health Engagement Lead is established in the city. This role would ensure that the mental health services in Leicester are indeed effective for those in the black community. Some of the ways this role would achieve this would be through, measuring and monitoring of services, working closely with African heritage organisations to raise awareness and to devise (new) provision for the black community. They would be a visible presence to the community on all matters relating to black mental health and establish and maintain relationships with mental health service providers to build effective relationships and to deliver black mental health training. The post holder would also act as the lead for the 5 factors to wellbeing programme.

e) Pilot Programme

A cohesive and co-ordinated program of work is needed to achieve a positive impact in black mental health in Leicester. It is suggested therefore that a 5-year program is implemented, with the understanding that pulling the correct mental health levers to see change takes time. To provide assurance that the program is operating effectively, year one objectives and action plan can operate as a pilot. As you would expect, within this pilot phase governance would be in place to demonstrate progress and provide updates. Should all relevant parties be comfortable with the progress gained, then a further four years of funding would be made available.

Momodou Sallah Lead researcher

Literature review 02

2.1: Black People and mental health services in Leicester

It is cardinal to clarify from the onset that by Black people, we refer to those of African Heritage, in England and from the diaspora. In 2023, NHS England reported that one in four adults experience mental illness[1] , while Mental Health Foundation have stated that more than 15 million people - 30% of the UK population - live with one or more long-term conditions. More than 4 million of these people will also have mental health problems[2] . Furthermore, the COVID 19 pandemic exacerbated mental illness in the UK – increasing the risk of poor mental health in British Black and South people in the UK during lockdown (Jaspal and Lopes 2020)[3] .

Studies have shown that while Black people with mental illness are low compared to Whites, African Caribbean people are 3 to 5 times more likely than any group to be diagnosed and admitted to a hospital for more severe mental illnesses such as schizophrenia and psychosis. For example, the Mental Health Foundation stated that Black men are likelier to have experienced a psychotic disorder in 2022 than White men. Black people are also four times more likely to be detained under the Mental Health Act than their White counterparts, which aligns with the findings in the Count Me In national census 2010[4] and most studies on this topic. Mental Health Foundation have attributed racism, discrimination, and social and economic inequalities as factors that can increase the risk of mental illness in Black people[5] . Over the past 20 years, the literature on Black people and mental health have argued that Black people receive lower quality medical care than White people (van Ryn et al. 2014)[6] and coercive treatment within mental health services due to providers fearing Black people and lack of understanding of their distinctive needs.

[1] https://www.england.nhs.uk/mental-health/
[2]https://www.mentalhealth.org.uk/explore-mental-health/statistics/people-physical-health-conditions-statistics
[3] https://www.tandfonline.com/doi/epdf/10.1080/13674676.2020.1871328?needAccess=true&role=button
[4] National Mental health Development Unit. Count Me in 2010. https://www.mentalhealthlaw.co.uk/media/CQC_Count_me_in_2010.pdf
[5] https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/black-asian-and-minority-ethnic-bame-communities[
[6] The impact of racism on clinician cognition, behaviour, and clinical decision making. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3993983/

As a result, Black people with mental health issues are not provided with adequate treatment which explains why a significant number of studies describe the Black experience with mental health services in England as negative and why there is an over-representation of African and Caribbean men in psychiatric inpatient in the UK because they are less likely to receive treatment that meets their needs (Keating and Robertson 2004)[7] .

Social inequalities and racism are highlighted in the literature as key contributors to Black people's negative experience with mental health services in the UK. The Department of Health's 'Delivering Race Equality Plan Review 2010' stated that "evidence to date does not suggest the absence of discrimination within services." However, fear, distrust, lack of information, and cultural misconceptions among Black people also explain the fraught relationship between Black communities and mental health services according to Keating and Robertson (2004).

'A Race Equality Foundation briefing paper' by Keating (2007)[8] affirms that African and Caribbean men are over-represented in mental health services. This paper states that Black people come to the attention of services through the police and the criminal justice system, and they are more likely to receive the harsher end of services, such as seclusion, control, and constraint." (439). This assertion is supported by the Mental Health Act Commission (2006) Count Me In The national mental health and ethnicity census 2005, which found that the rate of referral for African and Caribbean people from the criminal justice system was higher than average, there was greater involvement of police in referrals, and there were higher rates of control and restraint.

Memon et al. (2016) state that the negative experience of Black people in society impacts their mental and emotional well-being, influencing how they perceive mental health services. They argue that Black people distrust mental health services, and those who work within them fear them, which means there is a lack of engagement on both sides.

[7] Frank Keating and David Robertson (2004) Fear, black people and mental illness: A vicious circle? https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2004.00506.x

[8] Frank Keating (2007), African and Caribbean men and mental health .https://www.researchgate.net/profile/Frank-Keating/publication/265620509_African_and_Caribbean_men_and_mental_health/links/571762e608aeb56278c458ed/African-and-Caribbean-men-and-mental-health.pdf

In their study on perceived barriers to accessing mental health services among Black and minority ethnic (BME) communities, Memon et al. 2016 highlight several issues they argue prevent Black people from seeking help for their mental health. For example, long waiting times for initial assessment, language barriers, poor communication between service users and providers, inadequate recognition or response to mental health needs, imbalance of power and authority between service users and providers, cultural naivety, insensitivity, and discrimination towards the needs of BME service users and lack of awareness of different services among service users and providers. While these issues also appear in other studies as deterrence for Black people in mental health, the limitations of this study include; the analysis is not ethnicity-specific, half of the participants did not answer questions about their ethnicity, and participants have similar backgrounds therefore, their views may not represent the entire strata of the BME population.

2.2: Black People and mental health services in Leicester

The Leicester City PCT mental health needs assessment in 2008 estimated that 60,000 people in Leicester were suffering from mental ill health at any one time. The assessment identified clear health inequalities across Leicester. For example, the people living in the most deprived areas are 1.7 times more likely to be registered with mental health services than people living in the most affluent areas. Leicester City Council attributes poor mental health to the broader health inequalities in Leicester. However, it can be argued that the experience of Black people and mental health in Leicester is not unique. There is an over-representation of people from African and Caribbean communities in psychiatric inpatient facilities and under-representation in the use of counselling/psychological therapies ..." (Leicester City PCT and Leicester City Council Joint Strategic Needs Assessment 2008-09: p98)[9] . Raghavan and Griffin (2014) assert that Black people in Leicester experience, on average, higher incidences of mental illness – yet there's a lack of research evidence about access to mental health services in Leicester and Leicestershire by people from BME communities (p5).

[9] https://www.leicester.gov.uk/media/178808/adults-jsna.pdf

The Council also found that during the period 2012-14, people from Black/Black British ethnic backgrounds in Leicester had better access to psychological therapy in comparison with other peer areas such as NHS Nottingham City and NHS Central Manchester (p10). This is mainly due to initiatives such as the Triage Car, a mental health need-accessible car that helped reduce the number of people detained under the Mental Health Act.

However, access to treatments including specialist therapies was a particular problem. Raghavan and Griffin's (2014) study on 'Mental health services for Black and Minority Ethnic groups in Leicester, Leicestershire, and Rutland: A documentary Analysis'*10* found that people from Black/Black British ethnic backgrounds in Leicester, Leicestershire, and Rutland had less equitable access to Community Mental Health Teams, and that the rate of access for this ethnic group was lower than the England average and some peer areas in 2011/12 and 2012/13 (p7).

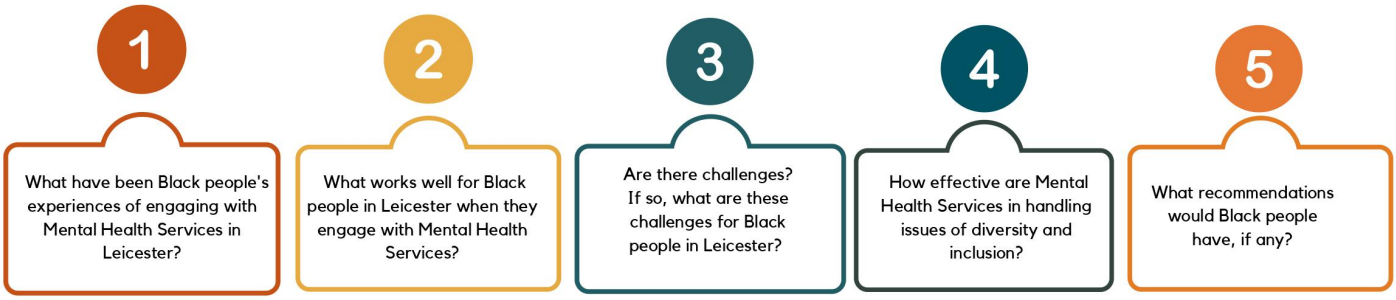
In 2015, the 'Scrutiny Commission on Mental Health Services for Black/ Black British Young Men in Leicester' expressed that "better information is necessary for service planning, especially for a group where research findings show inequity of access and outcome" (p10). They expected that better information collection should be a means to achieve real change in how services are organised and delivered for Black/Black British men. However, more recent evidence shows that little change has been achieved since this Commission.

[10] https://dora.dmu.ac.uk/bitstream/handle/2086/10396/MENTAL%20HEALTH%20AND%20ETHNICITY%20LEICESTER%20MSRC%201%20WORKING%20PAPER%208.pdf?sequence=1f

Methods and Methodology 03

The current research discusses mental health in Leicester, using five focus groups: men, women, young people, professionals, and those with lived experiences of mental health. The study aims to explore the perception of Black people in relation to their engagement with mental health services in Leicester. Their experiences and challenges faced, due to ethnicity, and the recommendations to improve Black people's experiences of accessing mental health services in Leicester are also proposed in this study. The research sought to investigate the following questions:

3.1: Research questions



3.2: Methods

3.2: Methodology, methods & technique Based on a constructivist and phenomenological approach, the research project employed a qualitative research method to explore the "lived experiences" of Black people in Leicester; this utilised a focus group technique. Five focus groups were conducted to elicit their constructed realities in relation to their engagement with mental health services.

3.3: Sampling and Recruitment

Purposeful sampling was used to recruit Black people to take part in the research project based on the earlier mentioned categories. Two support staff were employed to invite potential respondents from the Black community in Leicester to express an interest in participating. Those who expressed an interest were followed up and sent consent forms to 12 sign before participating in the focus groups. Focus groups were conducted between December 2022 to January 2023 virtually on Zoom.

3.4: Demographics

The data for the current research was obtained from 5 focus group interviews with 31 participants. The data show that the professional experience focus group (PFG) recorded the highest number of participants (8), including 4 males and 4 females. The young people's group (YFG) followed with 7 participants, including 5 males and 2 females. The lived experience focus group (LFG) recorded 5 participants, 2 males and 3 females. Finally, the women's focus group (WFG) recorded 6, and the men's focus group (MFG) registered 5 participants. Figure 1 shows the number of participants for each group and the distribution of gender for individual groups.

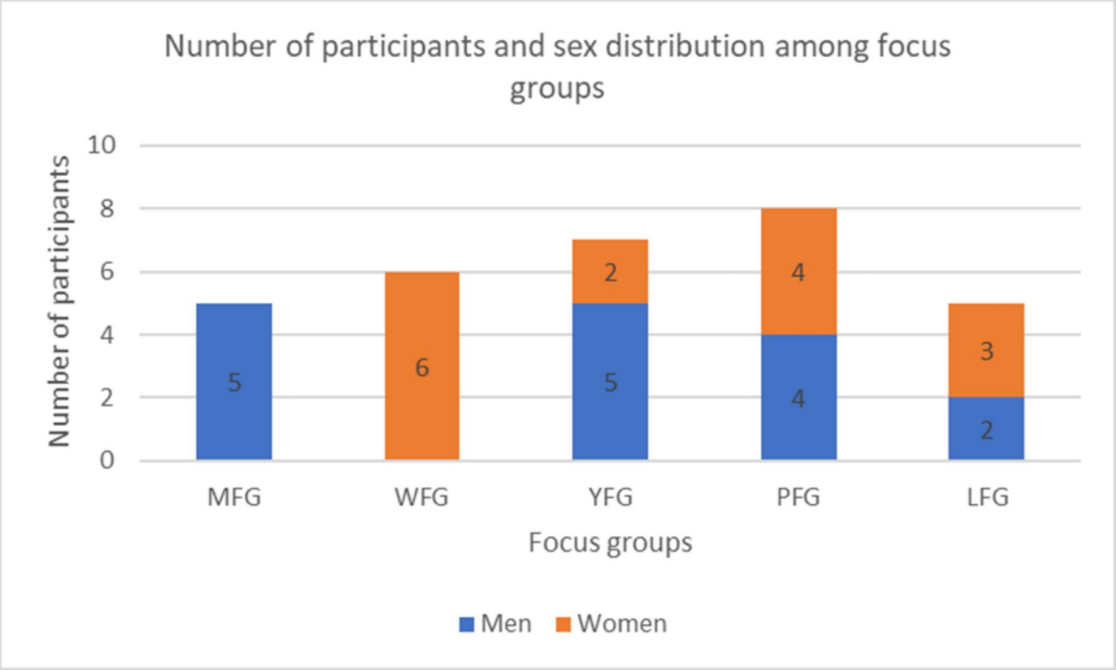


Figure 1: Respondents distribution across focus groups

Age is a key factor to consider when evaluating the opinion of research respondents; the age distribution of the respondent for the current research ranges between 18 and 63 years. Most of the YFG and the LFG range between 18 and 30 years, while the MFG, WFG, and PFG recorded an age range between 31 and 63 years. Based on the age distribution, we assume that respondents with a higher age could be more experienced in the context. Therefore our findings are rooted in personnel with significant experience in mental health services. Concerning the occupation of participants, students recorded the highest number of participants, followed by educators and mental health professionals, including various professions related to mental health services. The distribution of respondents' location shows that 91% of the participants are from Leicester. In comparison, the remaining 9% have worked in Leicester at one point (See Figure 2).

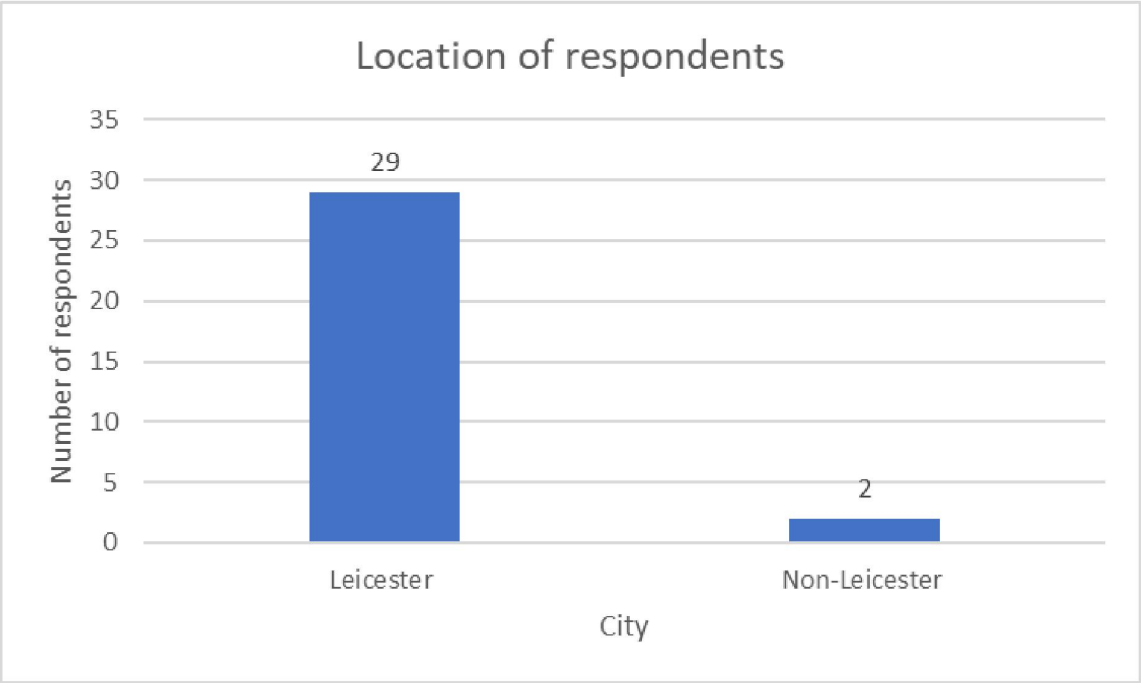


Figure 2: Respondents location

04 Findings and Recommendations

The current study considers data sets from five focus group interviews to explore the perception of Black people when accessing mental health services in Leicester. The focus group included men, women, young people, professionals, and lived experience groups. The popularity and salience of a finding were assessed using simple descriptive statistics of the percentage of respondents who mentioned a particular key term or opinion during the focus group interview. The following are six major themes of the findings.

- MEN
- WOMEN
- YOUNG PEOPLE
- PROFESSIONALS
- LIVED EXPERINCE

Focus Group Flyer

4.1: What have been your or other Black people's experiences engaging with Mental Health services in Leicester?

The study identified varying opinions based on Black people's experiences of engaging with mental health services in Leicester. These include positive, negative, and the GP experience, as illustrated in the coming section. Respondents in the five focus groups reported varied responses to their engagement with mental health services in Leicester. These span the spectrum from positive to negative, and fatalities in some reported cases.

4.1.1: Positive experiences with the Mental Health Services in Leicester

Across most focus groups, there were reported positive experiences of GP referrals where GPs treated or signposted respondents as their first point of contact. For instance, a women's focus group (WFG) respondent expressed satisfaction with the GP experience: "The support I got from my GP; it was a good service I received." *Another respondent (WFG) also reflects on a positive experience with the GP: "In recent years, my experience of going to the GP has been a better one where the doctor takes the time to talk to me and then referred me for support. Then I have had therapy and medication as well. That was more helpful."*

In addition, many respondents reported getting help from Mental Health Support Groups as positive. For example, a respondent said getting adequate support from The Sudden Infant Death Syndrome Support group is an excellent way to support victims' families: *"They use to come and see me, and counsel me… I felt that I was being looked after."* Other positive experiences of the respondents include being signposted to receive CBT in some instances and patients tend to get better due to emotional support. For instance, a respondent from the WFG reflected that: *"Met a therapist, her energy and vibe meant that I connected and gravitated towards her, Black lady, …she understands my background, and where I am from as a Black woman, I didn't have to explain where I am from … and did not have to explain how a Black mother …being able to speak freely with that person that knows, they know what we go through, they know the struggle we go through.."*

This particular respondent spoke of her struggle with self-harming (pulling out her eyelashes and hair from different parts of her body) for over a decade and being able to have effective engagement with mental health services via CBT. Overall, the findings show that about 30% of respondents reported some positive engagement with Mental Health Services in one shape or the other.

Some of the respondents from the Professional Focus Group (PFG) implied in this assertion of positive experiences the work of Turning Point, suggesting that: "Turning Point works well with young people and schools and they have been effective", and more significant is the mention of Akwaaba Ayeh (a Black led group that ran for 30 years but lost funding about 10 years ago). The respondent expressed a positive view of the work of Akwaaba Ayeh. Furthermore, as a non-statutory organisation, Akwaaba Ayeh was highly praised as an organisation that spoke to and effectively addressed the mental health needs of Black people in Leicester. The community-organised events were also seen as vital spaces to engage with mental health issues from a community-based approach; "Real Talk" as part of Black History – lecture, arts etc., connecting generations and bringing generations and communities together – providing solutions and positivity. In this view, a respondent from the WFG opined that: "that chance to speak…the situation that we all go through, our physical and mental wellbeing … a chance to share with others and hear other people as well."

4.1.2: Negative experiences with the Mental Health Services in Leicester

The significance of this study has been its ability to tap into some Black people's lived reality in Leicester concerning an interaction with mental health services. In this vein, about 70% of respondents across all focus groups reported negative experiences for themselves, family members, friends, or colleagues. These range from ineffective GP referral to overstretched services, discrimination, being given medication over therapy, and some heavy-handedness to Black people.

Following a thematic analysis of all the focus groups, the following points were identified as key negative experiences: The issue of GPs not dealing with or addressing the needs of Black people, given that they are often the first point of contact for many patients, was highlighted repeatedly in almost all the focus groups. There was a reported perception of almost being stereotyped and not being engaged by GPs in culturally competent ways. For instance, some respondents in the WFG said, *"Did not really listen to me, just put her on anti-depressants … It's been just a tick box exercise, you are rushed in and cut off mid-sentence; we will see you next time, and it's all over."*

Some other reflections of negative experiences by respondents include the story of a 30-year-old who hung himself; the respondent from the WFG suggested that: "*He has been to his GP 4 times in 5 weeks with regards to how he was feeling, … reaching out for help (GP) changed his medication 2 times, at no time did he refer him, he was not at that stage when he had to be sectioned but he was in a very bad place, he left 3 young kids fatherless …… that is an example of reaching out for help and not getting it."* The above quote is a microcosm of representations made by respondents about their perception of not being given the right level of support or timeliness in responding to their needs as pertinent to Black people and their engagement with GPs around mental health services in Leicester. In addition, many respondents highlighted not being supported properly and given the support they needed with the grounded situatedness of their digital capability or literal capacity. For instance, a respondent from the WFG said that: *"I have also had some experience where the GP said I would text you some websites and you can self-refer; when you are feeling quite low and a little overwhelmed, you don't have the motivation to fill all these online. And I find this quite unhelpful…"* It could further discourage the patient from seeking further mental health services.

> "Did not really listen to me just put her on anti-depressants … It's been just a tick box exercise, you are rushed in and cut off mid-sentence; we will see you next time, and it's all over."

Most respondents from the MFG reflect a significant level of negative experience whilst accessing mental health services in Leicester. For instance, a respondent said: *"I struggle to access mental health services because of my African heritage; the Black community does not have organisations catering to their mental health service; I feel uncomfortable accessing mental health services from the general avenue".*

These expressions of the participants reflect some element of complexity that may have resulted from some indicators or cultural background. Similarly, another respondent believes that *"The Black experience of mental health is much different from their European counterpart; this is because the Black community has a cultural stigma on handling mental health issues".*

The participants also expressed negative experiences in perceptions of persons with mental health issues. The respondent believes they have a stigma attached to persons with mental health challenges. For instance, the respondent's view in the MFG includes, *"Because of a lack of mental health awareness, most people in the Black community would use inappropriate terminologies to classify people with mental health issues. As a result, Black people feel a stigma when accessing mental health services in Black communities".* Most of the identified factors have demotivated Black people from accessing mental health services, with an emphasis on young Black people. In addition, race is also a key factor emphasised by the respondents. In this regard, some respondents in the MFG further suggested that *"Most Black people feel less accepted when consulting with medical personnel of different skin colours, which results in issues of mistrust when accessing mental health services as a Black person".*

“Most black people feel less accepted when consulting with medical personnel of different skin colours, which results in issues of mistrust when accessing mental health services as a black person”.

4.1.3: Medication over therapy

A reported perception, especially in the women, professional, and lived experience focus group, was that they were often more likely to be medicated than given therapy. For instance, a respondent from the WFG revealed that *"Black people mostly receive medication over therapy....her friend, who is a clinical psychologist, also said …one of my children suffers from anxiety, and we don't want her to go down the medication route". This is a strong perception that respondents have repeatedly highlighted. Again, the respondent said, "…our blueprint for any group of people is quite medicalised …. makes them dozy…lethargic …." .*

4.1.4: Over-stretched services

All the focus groups highlighted that mental health services are overstretched in Leicester for most residents and, more specifically, for Black people. For example, in the Lived Experience Focus Group (LFG), a respondent with over six years of close contact with mental 18 health services (6 years of her brother being sectioned, and herself having also been sectioned for a short period) puts this aptly: *"I don't see anything positive with mental health services for Black people or anyone, it does not matter if they are Black neither, the whole mental health service needs shape up, and it's really bad… my little brother was there for 6 years, and I had to deal with 6 years of incompetence ….".*

The respondents also expressed dissatisfaction with the delay in accessing mental health services in many ways, as illustrated in the following quotes, which often must reach a crescendo of the threat of suicide before action is taken. A respondent from the WFG reveals that "only when young people attempt suicide (are then it) speeds them up through the system." Similarly, the PFG respondents believe that the *"Waiting list is up to 18 months …by the time, they would now be adults … and staff off."* This point is highly significant because the respondent in the PFG reveals that the "Professionals within the health services are stretched.. "…You have to be Richter scale before you can get help …. Community needs to intervene before…we need prevention before cure …". Another respondent from the PFG also reveals that *"only when young people attempt suicide (are then it) speeds them up through the system…" ."They will not get support until it reaches crisis point."* From the respondents' reported perspectives, it is a serious indictment on the NHS that people had to be at the stage of being suicidal before they could access urgent services. These significant delays in supporting vulnerable Black people with mental health issues have consequences as vulnerable people are not picked up on time, and it might even be too late by the time they are picked up.

It has been a negative experience for another respondent in the LFG, who experienced racial elements because of inefficiency in the mental health service: "… (who has) been turned away from visits because there was not enough staff, and no pictures were allowed on birthdays," these in her view had a racial dimension.

4.1.5: Disproportionate use of force

It was also reported in some focus groups that there is often a greater tendency and frequency to employ the use of force (Police intervention, prison or use of section) and disproportionately when it involves Black patients due to individual discriminatory tendencies and collective institutional discrimination. Some respondents (LFG) reported: *"Why are they always about our community, when it is to do with mental health, instead of accessing, they're taken straight to prison, and then they're also treated like if they're criminals, and not given the support they need or the right care, they are there a long time before anyone can access and deal with them…at least 3 people have told me of similar incidents"* .

These result in other issues, for example, the respondent suggests, *"How we emotionally react to situations, they treat you aggressively."* Another respondent in the same group also revealed that: *"…for the last 20 years, I worked in Forensic mental health, so my experience of Black people …I didn't meet Black patients until they committed an offence, or they were deemed to be that dangerous that they couldn't be managed within hospital settings."*

Expanding on this, the respondent suggests that *"Black patients were in crisis and hit rock bottom…when you read the case files of patients …they should have been picked up earlier." (PFG).* There was also a suggestion from respondents from the LFG that Black people with Mental Health issues within the prison services are not also being taken care of or their needs being addressed: *"Mental health with Black people in prisons. It's not being addressed; they are not getting assessed, they are not getting the support when they get out of prison, around mental wellbeing …it is very difficult for them."*

"Mental health with Black people in prisons. It's not being addressed; they are not getting assessed, they are not getting the support when they get out of prison, around mental wellbeing …it is very difficult for them."

4.2: Are there challenges, and if so, what are these?

The respondents across the focus groups have also identified the challenges Black people face when accessing mental health services. The challenges range from issues of no specific services for Black people, lack of awareness, cases of racism, representation, and understanding of the perception of Black people with mental health challenges.

4.2.1: No specific services for Black people

Respondents repeatedly reported in all the focus groups a perception that there are no specific services that cater to the needs of Black people in Leicester, which does not allow them to receive adequate services. A consistent point of reference as an example of great practice highlighted in most focus groups is that of Akwaaba Ayeh . For instance, a member of the WFG revealed that "There is nothing specifically for us as a people in Leicester …. My brother used to speak highly of Akwaaba Ayeh,… now it is all medication". The respondents repeatedly mentioned Pam Campbell as a great champion of Black mental health services, especially with her pioneering work with Akwaaba Ayeh and her outreach work. In the direct words of the respondent (WFG), *"Pam Campbell used to run the mental health day at the ACC(African Caribbean centre), and this was usually well attended .. since it has been gone, I have not seen anything in the community as well as hospitals".* It implies that the Black community would appreciate such services if still available. Akwaaba Ayeh was seen as delivering culturally appropriate services premised on cultural affinity and underpinned by cultural competence as opposed to the absence of this in the mainstream service. Other respondents from the WFG also supported this by sharing some more experience with such services:

"There was a connection, and the mirror image helped …Seeing yourself, seeing a Black person in front of you, understanding your dialect, not going into stereotypes that all professionals have. Someone able to sit with you into these meetings where they're using words that you think, who on earth needed 40 letters to articulate themselves… used to bamboozle people."

The respondent from the WFG further suggested the diversification from the public health service to private health services where more attention is given to clients. The participant revealed that "Black women have the persona that we have to be strong, sometimes it is heavier than we want to admit behind the scenes".

The findings revealed that the challenges are similar across the focus groups. For instance, in the case of specific services for Black people, a respondent from the MFG also revealed that "We had mental health services specific to the community for about ten years, but they disappeared. But people still talk about the benefit of community mental health services, such as personal engagement in mental health services within the Black community". However, the YFG think most Black people find it uncomfortable to talk about their mental health issues for fear of stigmatisation and ridicule. The participants frequently used stigma, self-esteem, and ridicule when discussing the challenges. The direct comments from the respondent from the young people focus group (YFG) include: "Most black people find talking about their mental health uncomfortable for fear of ridicule", "Most black people cannot access mental health because they are worried about what people say—self-esteem, complex, and withdrawal because of stigma and judgement", "Many black people do not want to say how they feel because they fear being seen negatively (stigma)", and "Many black people do not want to say how they feel because they fear being seen negatively (stigma)". It demonstrates a lack of awareness and the urgency for a public engagement campaign on how to access mental health services.

The solution could be through mental health education and awareness; many other respondents think similarly. For example, a respondent from the YFG said, "Lack of clarity and awareness of mental health services: Most Black people are unaware of how to access the available mental health services", "Black people have limited knowledge of mental health care services", "Lack of awareness of seeking mental health services even when not in serious challenges", and "Black people have a mistrust of the mental health system. This is because most of the health professionals are other than black".

The respondents from the MFG have also highlighted the perceived challenges faced when accessing mental health service. Most of the respondents in the MFG suggest that the lack of knowledge on the benefit of mental health services and communication style among the youth are significant challenges for most Black people. However, the direct comments of the respondents, "One of the major challenges in Leicester is the lack of awareness; you need much evidence to convince Black people about mental health", "In Leicester, we don't know the benefit of mental health services because we don't have it for the Black community", and "Some people, not necessarily Black, could say, I am not going to access mental service; what will other people know about me that I don't know by myself?".

It implies that participants across the groups have questions about the lack of awareness and the benefit of mental health. As such, policymakers could consider increasing awareness of the perceived need to access mental health services in various ways. Other comments by the respondents from the MFG that show the lack of awareness of the need for mental health services include comments by respondents such as *"How many people can come forward to identify with mental health issues? Or to say their challenges", "Most Black people are not aware of their mental issues", and "Most young black people do not know the benefit of accessing mental health, which means they do not know what they are missing".*

Another major challenge identified by respondents in the MFG is how young people communicate with each other. The respondents revealed that confrontation is more aggressive than normal: *"Communicating between most young people is mostly confrontational and could result in gang violence and police ……. I am in my late 50s; I have decent communication with people, but young people in their 20s show hostility in their voices. This is evidence of a lack of communication …. There is a different communication mentality between the young and the evidence in age"*. However, these challenges could be addressed through continuous engagement with young people in various innovative ways .

> "Most young black people do not know the benefit of accessing mental health, which means they do not know what they are missing".

4.2.2: The Case for Racism

Racism, either at the point of access or premised on individual bias, was raised consistently in all the focus groups; in its widest sense, it is reportedly manifested in an incoherent interpretation of cultural situatedness built from the axis of Eurocentrism. In the direct words of the participants from the WFG, "…we are individualistic rather than collective, western-based; we don't recognise and embrace the collective mindset". Other respondents from the same group (WFG) stated that: *"I think racism is connected to mental health … As Black people, we have to compensate more, stretch more with the things that we need, because the systems are not made for us, because they are trying to service us using the White system … so we don't get the support that we need because they don't understand us …the jargon, we have to explain certain things..".*

However, the views of the YFG are more sentimental. For instance, *"Black people feel that skin colour influences accessing mental health services''.* Another respondent from the YFG also said, "I feel that medical professionals of other races may not know what I may be going through with my health because of cultural differences". Without proper awareness, people with such beliefs may not want to access mental health services if not attended to by professionals of the same race. There is also an issue of the lack of mental health education and awareness. From the individual biases, it was also strongly postulated that institutional discrimination affected the delivery of Mental Health Services to Black people, and some participants have expressed similar opinions.

A respondent from the PFG revealed that *"Organisations are institutionally racist; our experiences of them will show us that …".* Another respondent from the LFG presented an example of how this institutional racism and stereotypical approach to Black people in the Mental Health Service in Leicester has led to at least two deaths that she is aware of.

The respondent said: *"She went to hospital frequently and was also unwell and complaining about pains, so she was taken to the hospital, and they said there was nothing wrong with her, and her son said he would pick her up after work. They didn't contact her son, they got an ambulance taxi to take her home, they didn't even see her into the house so when he came home, the door was ajar, and he found her dead on the floor …they thought she was a black crazy lady. She wasn't given the support that she needed, and that was about colour, they tend to ignore a lot, and that ended causing her death…".* The respondent went further to share another similar experience faced by another family member. She said: *"It is not the first time, I have had another family member whereby he actually had an asthma attack at work, they took him to the hospital, he contacted me and said that he wasn't well. No one would listen to him; he actually sent me a text and said: 'I am dying, and no one would listen to me', they told him that if he came back in, they were gonna section him; he went home and died on his settee".*

4.2.3: Representation

The issue of representation was consistently and strongly raised in all the focus groups and elicited powerful emotions throughout; it was reportedly perceived as a strong barrier to effective engagement with mental health services in Leicester. For example, a WFG respondent said: *"But of all those services, I never saw anybody that looks like me"*. And 24 another from the PFG also said, *"Having people who look like them".* Similarly, a practitioner (PFG) in the Mental Health field claimed, *"Only in the last 3 years, they would have seen doctors that looked like them".*

However, a widely respected media practitioner who has had both professional and personal engagement with Mental Health Services said, *"They are not (inclusive in Leicester), they don't represent, the representation is not there …intrinsic behaviour that different cultures hold …the training is very generic, the literature does not exist, how different cultures and communities understand mental health …".*

4.2.4: Don't understand us

Throughout all the focus groups, the phrase "don't understand us" was used in different variations, denoting the lack of understanding of Black people's situatedness and positionality, manifested in incomprehension of their constructed reality and ways of knowing and being. Lack of culturally appropriate food and entertainment, *"cultural products are not in the shops' ', and "you could get the meals, but the process could be long"* in the wards, were also cited as physiological needs and psychological location. It should be clearly acknowledged that Black experiences are not homogeneous. In addition to intersectionality, which engages different variables, the consistency of *"they don't understand us"* throughout the focus groups is significant and alarming. The following would give an insight into the reader into how these emotions are articulated: *"Our community should tell them, not them assuming …".*

Another respondent from the WFG said: *"I find a few of the non Black professionals don't seem to understand our grief or how it affects us …how we engage with our family members is very different, they don't understand how these things affect us culturally".* In addition, a respondent from the PFG revealed that *"I don't think the thought has been given to accommodate any needs …BAME, for example, refugees from Syria, no thought given to unlocking their trauma ..".*

The respondents from the professional focus group have also proposed the need for mental health services to understand the cultural implications of Black people relative to mental health. For example, a respondent said, *"...cultural connection to make people feel centred or relaxed or at home, that is what I feel has been my mission ...". Again, "I think the language needs to be simplified, for example CBT''.*

Lastly, from the PFG, a respondent said, *"Don't understand your culture, language, your expressions, it is gonna be harder to understand how you're feeling because people are gonna be looking at you strangely or not understanding what you are saying ...".*

From the opinion of the YFG, most respondents suggested an increase of Black professionals in the mental health service. It is because Black people are freer to express their mental health issues to Black professionals who understand the cultural implications for Black people with mental health issues.

For example, a YFG respondent revealed, *"Black people should have access to Black mental health professionals; I am more at peace consulting with Black doctors and nurses". Another respondent said, "I experience exceptional treatment when consulting with medical personnel of the same colour, ... this makes me more comfortable when attended to by Black doctors and nurses". And finally, one of the respondents insisted that "I feel a sense of care and relationship when consulting with Black doctors and nurses; they are passionate about their service".*

The findings show that mental health workers could consider more awareness of the need for inclusion and diversity across all races.

4.3: How effective are mental health services in handling issues of diversity and inclusion?

4.3.1: More diversity

Concerning handling issues of diversity and inclusion, most respondents in all the focus groups raised it as an issue ranging from lack of cultural competence, addressing Black people's physiological and psychological needs, to representation with Mental Health Services. For example, "They need to be more diverse, as I see the faces …because when you are in a low mood or in a really bad place, you don't have the energy to explain. Oh, culturally ….they should be a lot more knowledgeable. Having someone like you helps; it is rear to see a Black mental health nurse (Asians and Blacks). ..people have to explain themselves repeatedly; they don't get it…(WFG)"

Another respondent from the WFG view that "Ed. Psychologists need to refer young people to CAMHS (Children and Adolescent Mental Health Service); we need representation at a certain level to understand the cultural context" (Across Leicester, only one Black GP, in her 22 years of teaching, she only met one Black Ed, Psychologist). The respondents across groups believed in accessing mental health services from mental health professionals of the same race and culture. For instance, a respondent from the WFG said, "If I am talking to someone from my culture, then the job is half done … .they may not understand that specific experience…but may relate to the cultural aspect…". This is how critical the issues of inclusion and diversity in accessing mental health services among Black people could be, in support, a respondent from the PFG reflected on an experience saying, "… a young man was asked to close his eyes (they were trying to do some CBT with him) but he said that he is not going back, he thought that it is witchcraft (applies to people from Syria, Afghanistan and Sudan).

Most of the opinions of the MFG suggest ineffective management and handling of issues of diversity and inclusion. They emphasised the lack of coordination between mental health agencies and Black mental health organisations. For instance, a respondent said, *"There is no effective management or handling of diversity and inclusion in Leicester's mental health service. The lack of community service for Black people needing mental service suggests the lack of inclusion and diversity"*

The respondents from the YFG have also highlighted key issues relating to diversity. For example, *"Most people have been put into the system without understanding the culture"*, *"More Black people are needed to join the mental health profession: this would help balance diversity and inclusion",* and *"Consulting with people of the same race should be encouraged. It makes patients feel free to express their feeling".*

4.4: Conclusion

The journey to conduct this research project was initiated by the African Heritage Alliance in a quest to better understand the mental health concerns of Black people in Leicester in particular and those in England in general. The literature review illustrated the disadvantaged situatedness of a significant number of Black people in relation to accessing mental health services; of equal significance is the recognition of the lack of empiric evidence in relation to their lived realities, especially in Leicester. This study has sought, in this light, to understand the experiences of Black people in their engagement with mental health services in Leicester; the challenges they face, how diversity and inclusion is handled, and recommendations they might have. Following a critical reflection on the earlier presented findings, the following recommendations are hereby presented to the African Heritage Alliance and its partners:

1.Negative experiences with the mental health services in Leicester

As a host of issues were raised under these this theme, the following can be considered:

- **Cultural competence within mainstream services -** The lack of perceived cultural competence in some of the front facing (as well as those embedded deeper) components of the mental health services need urgent review and recalibration. In addition to mainstream personnel to understand the positionality and situatedness of Black people when treating them; there is also an urgent need to engage with culturally appropriate services in relation to food, entertainment, and other relevant cultural products.

- **Medication over therapy -** There is a reported perception that a significant number of Black people who engage with mental health services in Leicester are more likely to be given medication than therapy. This perception needs to be engaged with and addressed both in terms of public health campaigns and the training of personnel. This also requires monitoring and sharing such data, with the active participation of the affected communities.

- **Overstretch services** - Whilst the mental health services seems to be overstretched and bursting at the seams; this reportedly has a disproportionate effect on Black people in Leicester. The recommendation is that whilst Black service users are sometimes having to wait for 18 months, it is important to engage Black organisations to develop authentic solutions to fill this gap in the short term as well as work with mainstream services to address it in the medium and longer term.

- **Disproportionate use of force -** The reported perception that Black people are more likely to be engaged by the Police, sectioned, or sent to prison when they display mental illness is a worrying one, the recommendation is to conduct a systematic review of existing practice, with the active involvement of Black communities in Leicester. It would also be good practice to engage a monitoring group composed of affected communities to be involved in monitoring the problem and mutually developing solutions

2. Challenges with the mental health services

- **No specific services for Black people -** As a significant finding, raised in almost all the focus groups, it is strongly recommended that the work of Akwaaba Ayeh be resurrected and expanded across mainstream services. Community run spaces, where a sense of belonging exists, premised on cultural affinity, is urgently needed. This will also require Leicester City Council to release funding to support this important work. Where cases of good practice exist, it is strongly recommended that they are shared widely with Black communities, through community engagement campaigns, involving Black organisations.

- **The Case for Racism -** There has been significant concern reported, both at the individual and institutional levels, as a result of bias and unbiased racism, in some cases leading to reported fatalities, that need urgent attention. We urgently recommend that further research be done in this area, reporting and monitoring mechanisms be enhanced, with the active involvement of Black and community organisations to mutually find solutions with mainstream organisations.

- **Representation -** The lack of representation in mental health services is quite worrying, as reported throughout most of the focus groups. Staff monitoring data should be reexamined and active recruitment and retention policies and strategies engaged. Community services and training for members of diverse communities should also be embarked on. Promotion should also be given proper attention. There should be long term partnerships with organisations like the defunct Akwaaba Ayeh.

- **Don't understand us -** As indicative of the title of this report, it was constantly and loudly echoed that “they don’t understand us”. This ranges from lack of culturally competent services, lack of representation, not understanding Black service users constructed reality, or even not knowing the location of culturally appropriate services. We strongly recommend that training around cultural competence be enhanced in professionally qualifying courses, and CPD courses be developed specifically for key personnel in the mental health services. That Black community organisations be involved in the delivery of services to Black communities; and that a reporting mechanism be transparent and readily available for the Black community.

3.How Effective are mental health services in handling issues of diversity and inclusion

- **More diversity -** The echo of more diversity in the mental health services has rang throughout the research and we recommend that coordination between mental health agencies and Black mental health organisations is facilitated to achieve better outcomes around diversity; we also recommend that there is regular consultation with Black organisations and communities in make the face and delivery of mental health services more diverse.

4.5: Recommendations

a) Prevention through tailored provision
The case and the research are clear, as it is with all health matters, prevention is better than cure. There is a need to ensure that those in the black community are supported to remain mentally healthy through a series of activities and offerings that are culturally appropriate and speak to the specific challenges faced. This could be achieved via utilising the Five Factors to Wellbeing; Connect with other people, be physically active, learn new skills, give to others, and pay attention to the present moment (mindfulness).

A program of workshops, events, outings, and learning experiences would be devised that speaks to the various audiences of women, men, LQPTQ+ community, young people and intergenerational groups. There would be provision touching each of the five factors and these would have a social, cultural, and therapeutic aspect to each.

b) Building the capability for those delivery mental health provision
From those participating in the research conducted as well as the findings nationally the perception of those in the black community after accessing mental health services is that the provision fell short of meeting their needs due to the lack of cultural competence of the professionals delivering the service(s). An education and training program for mental health professionals therefore is seen to be essential.

The program for professionals working in the mental health space would provide the awareness and skills for them to be able to better support those presenting mental health illness from the black community by highlighting the cultural aspects as well as how poor mental health may present itself within the black community, and by gender in the black community.
The minimum of a dedicated, annual training day for all those in mental health in Leicester should be mandated and a quarterly newsletter and/or updates provided.

c) Raising awareness of black mental health within Leicester
The awareness of black mental health in Leicester has multiple strands, firstly, within the black community itself, secondly within the mental health services in Leicester, and thirdly, within the institutions that govern health outcomes in Leicester and Leicestershire to ensure that they are serving the community effectively.

The African Heritage Alliance would play a significant role in liaising with mental health service providers to understand their offer and how to access this provision, sharing this critical information with those in the black community to enhance engagement. To this end we would use community radio talk shows, mailing lists and social media to reach this target audience, as well as bespoke events as necessary.

Institutions governing health in the city would need to ensure that there is a strategy, action plan and objectives in place that are seeking improvements in the mental health engagement and outcomes for the black community. The first being that there is indeed a specific need for those in the black community and it needs specific action(s). In addition, there must to be a focus on improvement, rather than over analysis of the issues, as the research here in Leicester and nationally aligns and the drive must be on, effective, culturally appropriate provision. This report, therefore, should be a reference point for all those working in mental health in the city and the recommendations embedded into practice.

d) Black Mental Health Engagement Lead

What gets measured, gets done! Black mental health needs specific focus, and to support this it is recommended that a new role of a Black Mental Health Engagement Lead is established in the city. This role would ensure that the mental health services in Leicester are indeed effective for those in the black community. Some of the ways this role would achieve this would be through, measuring and monitoring of services, working closely with African heritage organisations to raise awareness and to devise (new) provision for the black community. They would be a visible presence to the community on all matters relating to black mental health and establish and maintain relationships with mental health service providers to build effective relationships and to deliver black mental health training. The post holder would also act as the lead for the 5 factors to wellbeing programme.

e) Pilot Programme

A cohesive and coordinated program of work is needed to achieve a positive impact in black mental health in Leicester. It is suggested therefore that a 5-year program is implemented, with the understanding that pulling the correct mental health levers to see change takes time. To provide assurance that the program is operating effectively, year one objectives and action plan can operate as a pilot. As you would expect, within this pilot phase governance would be in place to demonstrate progress and provide updates. Should all relevant parties be comfortable with the progress gained, then a further four years of funding would be made available.

Momodou Sallah Lead researcher

Appendixes

Appendix 1: Participant Information Sheet

Title of project: AHA Black Mental Health Research in Leicester

Please take some time to read this information and ask questions if anything is unclear.
Contact details can be found at the end of this document.

252 participants completed questionnaire

What is the purpose of this study?

This study aims to explore the experiences of Black people of African and African Caribbean heritage in Leicester in relation to mental health, especially around their perceptions and lived experiences.

Who is organising this research?

The research for this study is being undertaken by Prof. Momodou Sallah, an independent researcher, carrying out this research on behalf of First Contact.

Why have I been chosen?

Using an opportunity sampling approach, you have been chosen because you are a member of the Black community in Leicester who can provide valuable insight into the issues being researched.
We aim to conduct 5 focus groups with an average of 7-9 participants from Leicester's Black community.

Do I have to take part?

Participation in this study is voluntary, and you may ask the researcher questions before agreeing to participate. However, we believe your contribution will provide invaluable insight into the researched issues.
You will be asked to sign a consent form if you agree to participate. However, at any time, you are free to withdraw from the study, and if you choose to withdraw, we will not ask you to give any reasons.

What will happen to me if I take part?

If you agree to take part in this study, we will invite you to participate in a focus group which will be audio recorded. Professor Momodou Sallah will conduct the interview, which will last about an hour.
We may ask you to participate in a follow-up interview, though participation in this is optional.

What are the possible benefits of participating?

The study aims to find out the experiences and perceptions of Black people in relation to mental health in Leicester, and your participation in this research will greatly help with a better understanding of the challenges they face and recommendations we can make. Your participation is a great opportunity to contribute to this process as well as have the opportunity to reflect on these pertinent issues.

What are the possible risks of taking part?

While we hope that your experience will be pleasant, the nature of the issues that might arise may make you uncomfortable. At any time during the interview, you can choose to withdraw.

How will my interview be used?
The interview will be transcribed and analysed to inform the findings. The final report will be handed to AHA (African Heritage Alliance) Contact to inform policy and practice.
On the consent form, we will ask you to confirm that you are happy to assign your (or where relevant, your child or vulnerable adult in your legal charge) copyright for the interview to us, which means that you consent to the researcher using and quoting from your interview.

What will happen to the results of the project?
All the information we collect about you during the research will be kept strictly confidential. You (or, where relevant, your child or vulnerable adult in your legal charge) will not be identified in any reports or publications, and your name and other personal information will be anonymised.

What happens to the interviews collected during the study?
Interviews will be [transcribed/filmed/audio recorded and stored digitally], managed by the researchers for the project's duration. Only the researchers and First Contact Advisory Group will have access to the interviews and personal information.

What happens at the end of the project?
If you agree to participate in this project, the research will be written up as a report. You may request a summary of the research findings by contacting First Contact. Upon successful submission of the report, it will be deposited in print and online with First Contact.

What about the use of the data in future research?
If you agree to participate in this project, the research may be used by other researchers and regulatory authorities for future research.

Who is funding the research?
The Leicester City Council funds this research.
What should I do if I have any concerns or complaints?

If you have any concerns about the project, please speak to the researcher, who should acknowledge your concerns within ten (10) working days and indicate how your concern will be addressed. If you remain unhappy or wish to make a formal complaint, please get in touch with us via email enquiries@africanheritagealliance.org or via call 07789 13948/07553 140468

Appendixes

Appendix 2 report produced by Brian Simmonds

Appendix 2: Outreach Programme (Conducted and presented by Brian Simmonds)

The Impact of Community-Based Organizations on Engagement with Mental Health Services and Empowerment: Insights from the Black Mental Health & Me Outreach Programme

Abstract:

The programme examines the effectiveness of community-based organisations in promoting engagement with mental health services and empowering individuals within the Black community. The study utilised a mixed-methods approach, incorporating both qualitative and quantitative research methods. The findings highlight the significance of community-based organisations in facilitating access to mental health resources and combating the stigma associated with seeking help. Additionally, online questionnaires were employed to gather data from participants. The community hub partners involved in the research were the African Caribbean Centre, Opal22 & Serendipity, and the Highfield Rangers Football Club. Each partner contributed unique perspectives and initiatives towards supporting mental health within the Black community.

Introduction

The Black Mental Health & Me 4 week Outreach Programme aimed to explore the impact of community-based organisations on engagement with mental health services and individual empowerment. This research paper presents the findings from the programme, focusing on two aspects derived from the research findings.

Methodology

The study utilised a mixed-methods approach, combining qualitative and quantitative data collection methods. Online questionnaires were employed to gather quantitative data, while qualitative data was obtained through five weekly drop-in sessions and the additional 9 workshops conducted within the programme. These sessions served as a platform for signposting individuals to mental health services and discussing their experiences.

Community Hub Partners

3.1 African Caribbean Community Centre

The African Caribbean Community Centre played a crucial role in the programme, providing resources hosting a weekly drop in sessions, supporting, and guidance to individuals seeking mental health services. Their involvement helped bridge the gap between the community and mental health institutions**.**

3.2 Opal22 & Serendipity Art organisations

Opal22 & Serendipity focused on exploring how loss and healing are navigated within the Black community. Their unique perspective contributed to understanding the specific challenges faced by individuals and developing tailored strategies for support.

3.3 Highfield Rangers Football Club

The Highfield Rangers Football Club focused on empowering Black men to seek help for their mental health, addressing the stigma associated with mental health issues. Through their initiatives, the club aimed to create a safe and supportive environment for individuals to access the necessary resources.

Appendixes

Findings

The programme findings highlighted the following key insights:

4.1 Engagement with Mental Health Services

The utilisation of community-based organisations significantly enhanced engagement with mental health services among individuals from the Black community. The presence of familiar and culturally sensitive spaces facilitated a sense of trust, making individuals more inclined to seek help and support.

4.2 Empowerment and Stigma Reduction

The involvement of community-based organisations empowered individuals to take control of their mental health journeys. By creating platforms for open discussions and challenging the stigma surrounding mental health, these organisations helped individuals feel supported and encouraged to seek the assistance they needed.

Conclusion

The Black Mental Health & Me Outreach Programme demonstrated the positive impact of community-based organisations in promoting engagement with mental health services and empowering individuals within the Black community. Through partnerships with the African Caribbean Resource and Community Centre, Opal22, Serendipity, and Highfield Rangers Football Club, the programme successfully addressed the unique challenges faced by individuals and provided effective strategies for support. These findings emphasise the importance of fostering community-based initiatives to improve engagement to mental health outcomes and reduce disparities within marginalised communities.

Outreach Launch Flyer

BMHM Launch Event
Anthony Francis, Brian Simmonds, Chizor Onwuegbute, Jenaitre Farquharson, Momodou Sallah

African Heritage Alliance

Find the report on
www.africanheritagealliance.org

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